

STATE OF CALIFORNIA

TRAVEL EXPENSE CLAIM

STD 262 A (REV. 5/31/00) Department of Child Support Services

MAIL STATION

MS 10

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CLAIMANT'S NAME			SSN OR EMPLOYEE NUMBER			DEPARTMENT		
Jan C. Sturla						Child Support Services		
POSITION		CB/ID NUMBER	DIVISION OR BUREAU				INDEX NUMBER	
Director		Exempt	Executive				1110	
RESIDENCE ADDRESS			HEADQUARTERS ADDRESS				TELEPHONE NUMBER	
							916 464-5300	
CITY		STATE	ZIP CODE		CITY		STATE	ZIP CODE
					Rancho Cordova		CA	95741

(1) MONTH/YEAR		(3)	(4)	(5) MEALS			(6)	(7) TRANSPORTATION					(8)	(9)
Dec-09		LOCATION WHERE EXPENSES WERE INCURRED	LODGING	BREAK- FAST	LUNCH	O.T., L/T N/C, RELO. OR DINNER	INCIDEN- TALS	COST OF TRANS.	TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE		BUSINESS EXPENSE	TOTAL EXPENSES FOR DAY
DATE	TIME										MILES	AMOUNT		
1-Dec	14:30	1500 Capitol Ave, Sacramento							PC	12.00		\$0.00		\$12.00
												\$0.00		\$0.00
2-Dec	12:00	925 L Street, Sacramento							PC	9.00	15	\$8.25		\$17.25
												\$0.00		\$0.00
4-Dec	9:00	State Capitol							PC	12.00		\$0.00		\$12.00
												\$0.00		\$0.00
7-Dec	13:00	1600 9th Street, Sacramento							PC	6.25		\$0.00		\$6.25
												\$0.00		\$0.00
8-Dec	17:00	Sacramento to Santa Ana							PC/A	9.00	26	\$0.00		\$9.00
9-Dec	8:00	Santa Ana		10.00					PC	9.00		\$0.00		\$19.00
10-Dec	7:00	Los Angeles		10.00					PC	9.00		\$0.00		\$19.00
13-Dec	20:30	Santa Ana & return							A/PC	9.00	11	\$6.05		\$15.05
												\$0.00		\$0.00
												\$0.00		\$0.00
(10) Subtotals			0.00	20.00	0.00	0.00	0.00	0.00		\$75.25	52	\$14.30	\$0.00	\$109.55
CLAIM TOTAL													\$109.55	

(11) PURPOSE OF TRIP, REMARKS AND DETAILS *(Attach receipts/vouchers when required)*  
12/01/09-Conducted interviews with DHCS Director at office downtown; 12/04/09-Attended CSDA Board of Directors Meeting; 12/4/09- Met with Senate Rules Committee staff; 12/07/09-Attended meeting at Agency; 12/08/09-Travel to Santa Ana/San Clemente for meetings scheduled through 12/10/09 - Stayed at residence in San Clemente. 12/09/09-Attended Performance Analysis Workgroup meeting to be held at the Orange County DCSS in Santa Ana; 12/10/09-Conducted a site visit and attended a meeting at the Los Angeles County Child Support Services Department to discuss Interstate caseload.

(12) NORMAL WORK HOURS	PCA	PROJECT	WORK	OBJ	AO	AMOUNT	OBJ	AO	AMOUNT	OBJ	AO	AMOUNT	OBJ	AO	AMOUNT	TOTAL
Exempt	41110		PHASE													
(13) PRIVATE VEHICLE LICENSE NO.																
(14) MILEAGE RATE CLAIMED																
\$0.55																
AGENCY ACCOUNTING OFFICE USE ONLY																
PAYED BY REV. FUND CHECK NO.																
TOTALS																

(15) I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT'S SIGNATURE	DATE	(F16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT	DATE
(17) SIGNATURE AND TITLE OF AUTHORITY FOR SPECIAL EXPENSES			DATE